

# State of California

## Department of Health Services Information and Education Program School Agreement Form

I, undersigned, as an official representative of the county office of education/school district/school (circle one) listed below, do hereby agree to allow \_\_\_\_\_, if successful  
(Agency Name and/or Subcontractor Name)

in receiving funding under one the Information & Education Program, to conduct program activities at my school(s), beginning July 1, 2003 through June 30, 2004.

I have reviewed the proposed project and/or curriculum and have received the necessary approval to have it presented to students or other individuals within my jurisdiction.

I, on behalf of my agency, agree that the prospective Information and Education Program grant can serve:

Estimated total number of participants per year: \_\_\_\_\_

Age or grade level: \_\_\_\_\_

Name of school sites: \_\_\_\_\_  
\_\_\_\_\_

Yes ☐ No ☐ I agree to allow the above agency to deliver the proposed project/curriculum.

Yes ☐ No ☐ I agree that participant data, including ethnicity and grade level, can be collected.

Yes ☐ No ☐ I agree that the above mentioned agency can administer any Information and Education Program evaluation pre/post surveys.

\_\_\_\_\_  
Agency Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
E-Mail Address

\_\_\_\_\_  
Address: Street/City/Zip Code

\_\_\_\_\_  
Name and Title of Agency Official (Please print or type)

\_\_\_\_\_  
Signature of Agency Official

\_\_\_\_\_  
Date